

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3		1					53								
4		1					54								
5		1					55								
6		1					56								
7		3					57								
8		3					58								
9		3					59								
10		3					60								
11		3					61								
12		3					62								
13		3					63								
14		1					64								
15		1					65								
16		1					66								
17		1					67								
18		4					68								
19		4					69								
20		4					70								
21	1						71								
22	1						72								
23	1						73								
24							74								
25							75								
26							76								
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39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	4						TOTAL IND.								
TOTAL DEP.	42						TOTAL DEP.								
TOTAL CLAIMS	46						TOTAL CLAIMS								